




## MASTER FILE

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### DSSD CENSUS 2000 PROCEDURES AND OPERATIONS MEMORANDUM SERIES #P-4

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Subject: Specifications for the Keying of the Record of Contact at  
Questionnaire Assistance Center, Form #D-3999

#### I. Introduction

The Questionnaire Assistance Center (QAC) program requires that a D-399 is filled out each time a center is visited by a person. These forms are then transmitted from the QAC to the Local Census Office (LCO). The LCO gathers these forms together from all the QACs and mails them to the National Processing Center (NPC). It is expected that approximately 400,000 of these forms will be received at NPC. Some of these forms have already been received at NPC, and it is expected that they will all be received by May 31, 2000. All of the D-399s will be keyed for evaluation purposes. An example of the D-399 follows this document as Attachment A.

#### II. Milestone Schedule

04/28/00	D-399 received at NPC
11/01/00	Document preparation and keying begins
02/28/01	Keying complete
03/15/01	File from keying transmitted to DSSD

#### III. Document Preparations

These forms will be grouped together with a staple or some other type of fastener with a transmittal sheet (11-100) on top. It will be necessary to remove the staple and the transmittal sheets before further processing can take place. The transmittal sheets can be discarded.

#### **IV. Keying Requirements**

From the Record of Contact Questionnaire Assistance Center, Form D-399, capture the following fields:

<b>Field #</b>	<b>Item # and Response #</b>	<b>Limits</b>
1	01. LCO code	4 digits
2	02. Site I.D.	4 digits
3	04. Date	MM/DD
4	05. Time	HH:MM am/pm
5	06. Form Type	2 digits 01-13
6	07. General Problems with Questionnaire	2 digits 01-11
7	Resp. 11 on 07. General Problems	80 characters
8	08. Language of Be Counted Form provided	1 digits 1-7
9	09. Language Assistance Guide used	2 digits 01-40
10	Resp. 39 on 09. Language Assistance Guide	20 characters
11	10. How did you learn about this QAC	2 digits 01-10
12	Resp.10 on 10. How did you learn about this QAC	160 characters
13	11. Remarks	240 characters

All responses for each field should be keyed. We are requesting that NPC use Average Outgoing Quality Limit of 0.5 percent with a 5 percent sample on all fields except seven , ten, twelve and thirteen.

#### **V. Disposition Requirements**

Following the transmittal and review of the D-399 data file, headquarters staff will notify NPC when all the D-399 (approximately 400,000) can be destroyed.

#### **VI. Contacts**

If you have any questions regarding this document, contact Nathan Carter at (301) 457-8024.

#### **Attachment**

cc: DSSD Census 2000 Procedures and Operations Memorandum Series Distribution List  
Carol Briggs (DMD)  
Eloise Parker  
Nancy Radcliffe (FLD)  
Nancy Sweet (POP)  
James Cope (DSCMO)  
Judy Dickens

Attachment A

<b>United States</b> <b>Census</b> <b>2000</b>		<small>FORM D-338 02-21-00</small>	<small>U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS</small>	
<b>RECORD OF CONTACT QUESTIONNAIRE ASSISTANCE CENTER</b>				
<b>INSTRUCTIONS - Complete one form for each contact. Answer every item. Submit all forms to your supervisor at the end of your shift.</b>				
<b>01. LCO code</b>  <b>02. Site I.D.</b>  <b>03. Clerk name</b>  <b>04. Date</b> <small>Month</small> <small>Day</small> <b>05. Time</b> <small>a.m.</small> <small>p.m.</small> <b>06. Respondent needed assistance on this type of questionnaire - Mark (X) one.</b> 01 <input type="checkbox"/> D-1                      05 <input type="checkbox"/> D-2(C)                      11 <input type="checkbox"/> D-1(T) 02 <input type="checkbox"/> D-2                      07 <input type="checkbox"/> D-1(Q)                      12 <input type="checkbox"/> D-2(T) 03 <input type="checkbox"/> D-1(S)                      08 <input type="checkbox"/> D-2(Q)                      13 <input type="checkbox"/> NA 04 <input type="checkbox"/> D-2(S)                      09 <input type="checkbox"/> D-1(V)                      14 <input type="checkbox"/> NA 05 <input type="checkbox"/> D-1(C)                      10 <input type="checkbox"/> D-2(V)		<b>08. Language Assistance Guide used - Mark (X) one.</b> 01 <input type="checkbox"/> Arabic                      16 <input type="checkbox"/> Hindi                      31 <input type="checkbox"/> Slovak 02 <input type="checkbox"/> Armenian                      17 <input type="checkbox"/> Hmong                      32 <input type="checkbox"/> Spanish 03 <input type="checkbox"/> Bengali                      18 <input type="checkbox"/> Hungarian                      33 <input type="checkbox"/> Tagalog 04 <input type="checkbox"/> Cambodian                      19 <input type="checkbox"/> Ilocano                      34 <input type="checkbox"/> Thai 05 <input type="checkbox"/> Chamorro                      20 <input type="checkbox"/> Italian                      35 <input type="checkbox"/> Tongan 06 <input type="checkbox"/> Chinese                      21 <input type="checkbox"/> Japanese                      36 <input type="checkbox"/> Ukrainian 07 <input type="checkbox"/> Creole (Haitian)                      22 <input type="checkbox"/> Korean                      37 <input type="checkbox"/> Urdu 08 <input type="checkbox"/> Croatian                      23 <input type="checkbox"/> Laotian                      38 <input type="checkbox"/> Vietnamese 09 <input type="checkbox"/> Czech                      24 <input type="checkbox"/> Polish                      39 <input type="checkbox"/> Yiddish 10 <input type="checkbox"/> Dutch                      25 <input type="checkbox"/> Portuguese                      40 <input type="checkbox"/> Large Print 11 <input type="checkbox"/> Farsi                      26 <input type="checkbox"/> Romanian                      41 <input type="checkbox"/> Other <i>x</i> 12 <input type="checkbox"/> French                      27 <input type="checkbox"/> Russian                      42 <input type="checkbox"/> NA 13 <input type="checkbox"/> German                      28 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Greek                      29 <input type="checkbox"/> Serbian		
<b>07. General problem(s) with the questionnaire - Mark (X) all that apply.</b> 01 <input type="checkbox"/> Did not receive form 02 <input type="checkbox"/> Received two forms 03 <input type="checkbox"/> Complained or questioned receiving a long form 04 <input type="checkbox"/> Lost form 05 <input type="checkbox"/> Received form for wrong address/person 06 <input type="checkbox"/> Asked about a population question(s) - Specify question number in item 11. 07 <input type="checkbox"/> Asked about a housing question(s) - Specify question number in item 11. 08 <input type="checkbox"/> Needed assistance with a language 09 <input type="checkbox"/> Could not read/or understand form 10 <input type="checkbox"/> Visit not related to questionnaire 11 <input type="checkbox"/> Other - Specify <i>x</i>		<b>10. Ask all respondents this question before they leave the QAC: "How did you learn about this Questionnaire Assistance Center?"</b> <b>Mark (X) all that apply.</b> 01 <input type="checkbox"/> Heard about it from a friend/relative 02 <input type="checkbox"/> Saw it on a poster 03 <input type="checkbox"/> Read about it in a flyer 04 <input type="checkbox"/> Heard about it at place of worship 05 <input type="checkbox"/> Heard about it on the radio 06 <input type="checkbox"/> Saw it on TV 07 <input type="checkbox"/> Read about it in the newspaper 08 <input type="checkbox"/> Heard about it through organization/association 09 <input type="checkbox"/> Heard about it at a meeting 10 <input type="checkbox"/> Other - Explain <i>x</i> _____ _____ _____ _____ _____		
<b>08. Language of Be Counted Form provided <i>x</i></b> 01 <input type="checkbox"/> English                      04 <input type="checkbox"/> Korean                      07 <input type="checkbox"/> NA 02 <input type="checkbox"/> Spanish                      05 <input type="checkbox"/> Vietnamese 03 <input type="checkbox"/> Chinese                      06 <input type="checkbox"/> Tagalog				
<b>11. Remarks</b> _____ _____ _____ _____ _____				